Step-by-Step for Verifiers

https://verify.employersunity.com/CU

Create an account
Step-by-Step for Verifiers

https://verify.employersunity.com/CU

Fill in all information
Step-by-Step for Verifiers

https://verify.employersunity.com/CU

Account Activation

I have read and agree to the E-SIGN Notice.

I have read the FCRA.

I have read and agree to the terms and conditions.

Submit  Print E-SIGN Notice  Print Terms and Conditions  Print FCRA Notice
Step-by-Step for Verifiers

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To login as a verifier
Choose a Type of Report:
- Verification of Employment
- Verification of Employment and Income

Choose Reason for Report:
- Employment Screening for Hiring Purposes
- Consumer Loan (Home/Auto Purchase/Refinancing)
- Residential Lease or Rental
- HUD-Subsidized Property of Housing Authority

https://verify.employersunity.com/CU
Debt Collection
In some cases, the verifier will be prompted to obtain an Authorization for Release.
Step-by-Step for Verifiers

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[Image of a website interface for Step 1: Search and Step 2: Purchase]

Select from the following options to request a report.

- **SSN**: [Redacted]
- **Type of Report**: Verification of Employment and Income
- **Reason for Report**: Employment Screening for Hiring Purposes
- **Price per Report**: 0.00

![Search button]

**Important Note**: We cannot verify at this time through our automated system whether this person is an employee. Additional verification is needed. A signed authorization form must be received before this information can be released.

Please print out the authorization form, have this person complete the form and email to vce@employersunity.com or fax to (720) 484-4897.
Authorization of Release

Carefully read this Authorization of Release (Authorization) and provide the requested information. You may want to retain a copy for your records. Please print clearly.

I, __________________ (Requesting employee), authorize my current/former employer, University of Colorado, to release any information relating to my employment and wage history to ____________________________

This Authorization is valid for six months from the date it is signed. This information may include, but is not limited to, dates of employment (start date/end date), salary, job title and department.

Full name (printed): _______________________________________________________________

First Middle Last

Other names used (printed): __________________________

Employee ID# (6-digit) or Social Security #: ________________________________

Employee Signature ____________________________ Date ________________